

VERRUCOUS CARCINOMA IN THE ORAL CAVITY**N.N.BAHEERATHAN, B.R.R.N.MENDIS* AND A.AMEMIYA****

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The verrucous carcinoma (VC) is a distinct variant of squamous cell carcinoma. It has low grade malignancy, slow growth and low metastatic potential. VC is chiefly exophytic. However VC can invade and destroy oral tissues including bone. Although it has been reported in other sites such as larynx and genitalia, the tumour is most frequently found in the oral cavity. As VC runs a relatively benign course, it could be effectively treated surgically and is prognostically favourable.

Thirty-eighty cases of VC of the oral cavity were reviewed for their clinical and histopathological characteristics. Data for this study was gathered from specimens available at the Department of Pathology at the Faculty of Dental Sciences from 1978 to 1998. All biopsies diagnosed histopathologically as VC was reviewed by using the histologic criteria defined by Ackerman in 1948. The criteria are:

- 1) Papillary or verrucous projections on the surface
- 2) No connective tissue invasion at the basement membrane zone
- 3) Mild or no dysplasia of the epithelium
- 4) Parakeratin or orthokeratin plugging on the surface
- 5) A broad and advancing front of the lesion into the subjacent connective tissue and
- 6) A chronic inflammatory cell infiltrate in the connective tissue, mainly lymphocytes and plasma cells.

The cases which did not meet the above histopathologic criteria were eliminated. Clinical data were collected from the submitted biopsy request forms. The tumour occurred chiefly in older patients (age range from 15 to 76 years, mean age 54.3) and more often in males than in females (32 males- 84.2% and 5 females-13.15%) The sex of one patient (2.65%) was not available. The site of lesion was known only in 19 patients. The most common site of occurrence was the buccal mucosa (10 cases). Macroscopic appearance of lesion was reported as either exophytic or warty and white.

All the cases showed marked epithelial thickening with series of irregular papillary projections. All the biopsies showed broad rete ridges. These rete ridges showed no evidence of invasion at the connective tissue interface and basement membrane was intact. 71.1% (27) of the cases showed no epithelial dysplasia and 28.9% (11) of biopsies showed mild epithelial dysplasia. Moderate to intense inflammatory cells infiltration was present in 84.2% (32) of cases, predominantly lymphocytes. Less intense inflammatory cells present in 15.8% (6) of cases. In 94.8% (36) of the cases, keratin plugging was present but the absence of keratin plugging did not exclude our diagnosis of VC.